



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES
P.O. BOX 27412, RICHMOND, VIRGINIA 23269-0001
TELEPHONE NUMBER (804) 367-0901

WATERCRAFT TRAILER DEALER CERTIFICATE OF REGISTRATION APPLICATION

FOR REGISTRATION MONTH/YEAR ENDING _____

<p align="center">FOR DMV USE ONLY</p> <p>CERTIFICATE NUMBER: _____</p>	<p>TYPE OF APPLICATION <i>Check one:</i></p> <p>_____ Initial Application \$50 FEE*</p> <p>_____ Renewal Application \$50 FEE*</p> <p>_____ Change (Explain)</p> <p>_____</p>
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NAME OF BUSINESS	TRADING AS NAME
BUSINESS ADDRESS	
STREET (P.O. BOX ONLY IS NOT ACCEPTABLE)	CITY STATE ZIP

OWNER'S NAME AND RESIDENTIAL ADDRESS

DEALER'S SSN OR EMP. I. D. # _____ BUSINESS PHONE NUMBER _____

PRIVACY STATEMENT

In accordance with Sections 2.1-196.1, 2.1-731 and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

You must be a licensed Watercraft Dealer selling Watercraft Trailers to apply for this registration.

Licensing Agency: Department of Game and Inland Fisheries

LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____

STATEMENT OF UNDERSTANDING AND CERTIFICATION

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

Name of Business

Signature of Owner, Partner, or Officer of the Business

***REQUIRED DOCUMENTS:** Attach a copy of current Watercraft Dealer license to this application and return with proper fee.